

STANDARD CERTIFICATE OF DEATH

26368

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1363

FILED AUG 5 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 7/12/40.
(Specify whether
In this community -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Edwardsville,
(If outside city or town limits, write "RURAL")
(d) Street No. 236 So. Buchanan Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1940 hour 10:20 minute _____ A.M.
21. I hereby certify that I attended the deceased from July 12, 1940, to July 21, 1940
that I last saw him alive on July 21, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Isaac H. Bearden 635

3. (b) If veteran, name war World War 3. (c) Social Security No. Not Remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>2</u>	<u>11</u>	hr. _____ min.

9. Birthplace Marion, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Hoisting Engineer

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 7-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 22 1940 (b) C. W. Hughes
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic pulmonary tuberculosis, active, far advanced.

Due to _____

Due to _____

Other conditions Heart disease due to extensive chronic lung disease, with myocardial damage and auricular fibrillation.

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) 1

Address Chief Medical Officer Date signed _____

Duration

Unkn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.